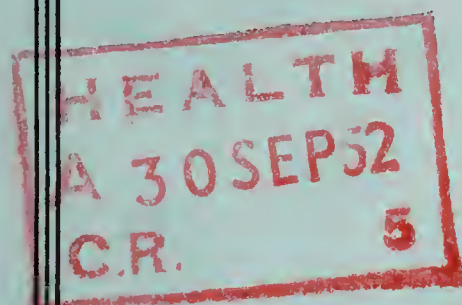


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WORSBOROUGH  
URBAN DISTRICT COUNCIL  
(Yorks.)



ANNUAL  
REPORT

of the  
MEDICAL OFFICER OF HEALTH  
AND SANITARY INSPECTOR  
for the Year 1951

Hibbert, Ashton & Youel, Ltd.,  
12, Market Street, Barnsley.



WORSBOROUGH  
URBAN DISTRICT COUNCIL  
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REPORT

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MEDICAL OFFICER OF HEALTH  
AND SANITARY INSPECTOR  
for the Year 1951

THE  
JOURNAL OF THE  
ROYAL ANTHROPOLOGICAL INSTITUTE  
OF GREAT BRITAIN AND IRELAND  
VOLUME 31. PART 1. 1901.

# CONTENTS

THE  
JOURNAL OF THE  
ROYAL ANTHROPOLOGICAL INSTITUTE  
OF GREAT BRITAIN AND IRELAND  
VOLUME 31. PART 1. 1901.

## TABLE OF CONTENTS.

---

	Page No.
<b>Natural and Social Conditions :</b>	
Rateable Value ... ..	9
Vital Statistics ... ..	9—16
Live and Still Births ... ..	9—10
Deaths ... ..	10—11
Infantile Mortality ... ..	11—13
Deaths in Age Groups ... ..	13
Causes of Death ... ..	14
Birth and Death Rates ... ..	15
Hospitals ... ..	18
Ambulance Service ... ..	20
Home Nursing ... ..	21
Home Help Scheme ... ..	22
Laboratory Service ... ..	23
Sewerage ... ..	24
Sewage Disposal ... ..	25
Water ... ..	25—26, 33—34
Rainfall ... ..	26
Recreation Grounds ... ..	27
Community Centres ... ..	27
Closet Accommodation ... ..	34
Public Cleansing ... ..	35
Refuse Collection and Disposal ... ..	35, 36, 37
Shops Act ... ..	37
Tents, Vans and Sheds ... ..	37
Smoke Abatement ... ..	38
Colliery Spoilbanks ... ..	38
Verminous Premises ... ..	39
Offensive Trades ... ..	39
Toys for Rags Offences ... ..	39
Sanitary Inspection of the Area ... ..	49—50

## TABLE OF CONTENTS (continued)

---

	Page No.
<b>Food :</b>	
Milk Supply ... ..	40
Milk Sampling ... ..	40—42
Meat Supply ... ..	42—43
Ice Cream ... ..	43
Food Hygiene ... ..	40
 <b>Infectious and Other Diseases :</b>	
Infectious Diseases Hospitals ... ..	18
Tuberculosis Scheme ... ..	19
Venereal Diseases ... ..	19
Statistics ... ..	28
Scarlet Fever ... ..	29
Diphtheria ... ..	29
Measles ... ..	30
Whooping Cough ... ..	30
Poliomyelitis ... ..	30
Enteric Fever ... ..	30
Tuberculosis ... ..	31
 <b>Maternity and Child Welfare :</b>	
Infantile Mortality ... ..	11
Maternal Mortality ... ..	16
Maternity Hospitals ... ..	18
Maternity and Child Welfare Clinics ... ..	23—24
 <b>Housing :</b>	
Number of Houses ... ..	26
Council House Lettings ... ..	44
Housing Repairs ... ..	45—46
Housing Statistics ... ..	47—49



## **PUBLIC HEALTH COMMITTEE.**

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Chairman :

Councillor R. ATKINSON, B.E.M., J.P.

Messrs. Councillors C. W. Boland, C. Dyson, A. O. Elmhirst,  
C. W. Guest, M. Ibbotson, W. Levitt, G. Schofield, F. Scothern,  
W. Smith and A. Wantling.

## **PUBLIC HEALTH STAFF.**

### **Medical Officer of Health :**

R. S. Hynd, M.B., Ch.B., D.P.H.

### **Medical Officers of Infant Welfare Clinics : (Part time)**

Birdwell Clinic : J. S. L. Allott, M.B., Ch.B., D.P.H..

Blacker Hill Clinic : J. H. Fairclough, M.B., Ch.B.

Worsborough Bridge Clinic : C. B. Ball, L.M.S.S.A.

Worsborough Dale Clinic : J. H. Ritchie, M.B., Ch.B.

### **Medical Officers of Ante-Natal Clinics : (Part-time)**

Birdwell Clinic : J. H. Ritchie, M.B., Ch.B.

Blacker Hill Clinic : E. Whitelaw, M.B., Ch.B., D.R.C.O.G.

Worsborough Bridge Clinic : E. G. Matthews, M.R.C.S.,  
L.R.C.P.

Worsborough Dale Clinic : E. G. Matthews, M.R.C.S.,  
L.R.C.P.

### **Chief Sanitary Inspector :**

L. Dove, Cert. S.I.B., M.S.I.A., Certificated Inspector of  
Meat and Other Foods.

### **Additional Sanitary Inspector :**

W. Wadsworth (to 5th June).

J. Ward (from 22nd October).

### **Health Visitors :**

M. Barlow, S.R.N., S.C.M., H.V. Cert.

A. Butterwood, S.R.N., S.C.M., H.V. Cert.


P. E. Mortimer, S.R.N., S.C.M., H.V. Cert.

### **Tuberculosis Visitor :**

D. E. Todd, S.R.N.

### **Senior Clerk Divisional Health Office :**

L. S. Wrigg.



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# **WORSBOROUGH URBAN DISTRICT COUNCIL.**

Divisional Health Office,  
The Gables,  
Wombwell.  
August, 1952.

## **ANNUAL REPORT.**

**for the Year Ended 31st December, 1952.**

---

To the Chairman and Members of the Worsborough Urban District Council.

Mr. Chairman, Gentlemen

I have the honour to present to you my Fifth Annual Report on the health and social conditions of your Urban District for the year ended 31st December, 1951. The report has the same general outline as last year and I am glad to include again a brief report prepared by your Surveyor, Mr. J. Shepherd, on those aspects of the work of his department which so closely affect the health of the district. As has been my custom in the past I have included in the report a survey of the health services which are the direct responsibility of the Local Health Authority but which, even without that responsibility, are of no less interest and concern to you. A statement of and comment upon the hospital services affecting the district is also included to give the report a measure of completeness and balance.

The Registrar General has supplied comparability factors for both the crude birth rate and crude death rate and the adjusted rates given are therefore strictly comparable with similar adjusted rates for other districts and with the rates for the country as a whole. Both the birth rate and death rate last year were higher than in 1950 and so to some extent off-set each other. The high infantile mortality rate casts a

shadow over the vital statistics which all must regret and comment upon this disappointing set-back is made in a later section of the report. The incidence of notifiable infectious diseases was less than for 1950 due in the main to the lowered incidence of Whooping Cough.

I would like to take the opportunity to thank the Chairman and members of the Health Committee for their support and continued interest in all matters relating to the health of the district, my divisional health staff for their willing assistance, and your Chief Sanitary Inspector, Mr. L. Dove, for the loyal co-operation and support he has always so readily given me. He has prepared that part of the report dealing with the sanitary circumstances of the district.

I am,

Your obedient servant,

R. S. HYND,  
Medical Officer of Health.

## URBAN DISTRICT OF WORSBOROUGH.

### Statistics and Social Conditions :

Area	...	...	...	...	...	...	...	3,420 acres
Population (Census 1951)	...	...	...	...	...	...	...	14,155
Registrar General's Estimate of population mid 1951	...	...	...	...	...	...	...	14,070
Registrar General's Estimate of population mid 1950	...	...	...	...	...	...	...	14,150
No. of inhabited houses according to rate book 31st December, 1951	...	...	...	...	...	...	...	3,970
Rateable Value 31st December, 1951	...	...	...	...	...	...	...	£50,400
Nett product of a Penny Rate (1951-52)	...	...	...	...	...	...	...	£195/6/5d.

Coal Mining is the principal occupation of the population. No new factories were built in the district during the year and the problem of finding suitable employment for young persons, especially girls, was accentuated by the recession, temporary we hope, in the textile trade. Future industrial development must be concerted over a wider area than your district alone so that youths, unfit or otherwise unsuitable for mining, and girls have the prospect of employment in light industry at a reasonable distance from their homes.

### VITAL STATISTICS.

#### Live Births.

	Male	Female	Total
Legitimate	122	114	236
Illegitimate	8	4	12
<b>TOTAL</b>	<b>130</b>	<b>118</b>	<b>248</b>

The number of live births registered showed an increase of 14 over the previous year. Again the Registrar General supplied a comparability factor which relates the proportion of women of child-bearing age in the district with the proportion in a standard population. When the crude birth rate is multiplied by this factor an adjusted birth rate is obtained



which is comparable with similar adjusted birth rates in other districts and with the birth rate for the country as a whole. The adjusted birth rate for the district was 18.5 per 1,000 estimated population compared with 17.4 per 1,000 estimated population for the previous year and with 15.5 per 1,000 estimated population for England and Wales.

**Still Births.**

	Male	Female	Total
Legitimate .....	2	1	3
Illegitimate .....	—	—	—
TOTAL .....	2	1	3

The still birth rate was 0.21 per 1,000 estimated population as compared with 0.28 for the previous year and 0.36 for England and Wales. While there is good cause for satisfaction in the very low still birth rate it is always prudent to consider still births and neo-natal deaths together rather than separately. With the general improvement in ante-natal care it is a common experience to find that when still births decrease there is often a compensatory increase in the neo-natal deaths. For example a baby which in the past would probably have been still born is now born alive yet fails to survive beyond the neo-natal period. This kind of stale-mate situation was our experience last year when a low still birth rate was accompanied by a high neo-natal mortality rate and will be commented upon in a later section of the report.

**Deaths.**

The adjusted death rate, which is the crude death rate multiplied by the comparability factor, was 13.9 per 1,000 estimated population compared with 11.5 for the previous year and 12.5 for England and Wales. There were 163 deaths among the inhabitants of your district during the year as compared with 136 deaths in the previous year and the increase was fairly evenly apportioned between the sexes. The greater part of the increase occurred among persons over the age of 70 years and the remainder was accounted for by an increase in

the number of infant deaths. The principal causes of death in order of numerical importance were : heart and circulatory diseases : cancer ; respiratory diseases. Deaths from heart and respiratory diseases increased while deaths from cancer and tuberculosis declined. Statistics relating to death rates and the causes and ages at death are given in tabular form at the end of the section on vital statistics.

### **Infantile Mortality.**

I began this section in my last report on a happy note by recording the lowest infantile mortality rate in the history of your district. I thought it advisable, however, to issue a caution against undue optimism and gave reasons why the low infant mortality rate might not be maintained. That the need for this warning was only too well founded was proved, unfortunately, by the statistics for 1951 when the infantile mortality rate rose to 52.4 per 1,000 live births as against 29.9 for the previous year and 29.6 for England and Wales.

Comment upon this considerable rise in the infantile mortality rate is obviously necessary but first the causes and age at death must be examined. Of the nine neo-natal deaths none survived the first week of life. 5 babies died within 24 hours of birth with one only surviving for one hour, another died within the first 48 hours, and 3 died within the first 72 hours. The cause of death in 4 instances was prematurity, one baby was born with a congenital deformity incompatible with prolonged existence and another suffered from a birth injury though the mode of delivery was normal. It might well have been in the past that all these 6 babies would have been still born and only because of the advance in ante-natal care were they in fact born alive. If the statistics for still births and neo-natal deaths are considered together the increase in the one is compensated to some extent by the decrease in the other, and the overall mortality rate is perhaps not too unfavourable. Infantile mortality statistics for districts with small populations are often subject to wide fluctuation and reference to any one particular year may not give a true picture of the state of health of the infant population. This may be a consolation in bad times, nevertheless, adverse mortality rates just cannot be ignored. It is true that a number of neo-natal deaths are inevitable because either the cause is unknown or



the means of prevention are beyond reach and so babies will continue to be born prematurely and to be born with congenital defects. We must at present accept this rather unpalatable truth while hoping that the future will bring relief, but we must also accept as a truth that the prevention of illness is just as much dependent on the general attitude of the public to health and the readiness and ability of the public to translate theory into practice as it is on medical acumen and progress.

Progress in preventive medicine is governed to a large extent by the acceptance by the population of preventive measures and it is the primary function of welfare clinics to help mothers to understand the purpose and to accept the necessity for these measures. Even in ante-natal clinics there must be a balance between the clinical aspect and socio-medical aspect and even before the baby is born there must be adequate thought given to the future. This is why I regret the modern trend towards hospital ante-natal care and, in a lesser degree, towards general practitioner ante-natal care because the main teacher of health education, the health visitor, is not present at their clinics. The result is an unfortunate dichotomy between midwifery and infant welfare, a dichotomy which the past has only too clearly proved is not in the best interest of the family.

As in previous reports I give the breast feeding statistics for the year under review and welcome once again a further improvement in the attitude of mothers to this very important aspect of infant care. It is worth noting that of the four infant deaths over the age of one month three were bottle-fed babies.

No. of infants breast fed for less than	
1 month	... .. 46 or 19.8%
No. of infants breast fed for more than	
1 month but less than 3 months	... 62 or 26.6%
No. of infants breast fed for more than	
3 months but less than 6 months	... 62 or 26.6%
No. of infants breast fed for 6 months	
or longer	... .. 63 or 27.0%



## INFANTILE MORTALITY IN 1951.

Nett deaths from stated causes under one year of age.

Cause of Death	Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	Total under 1 month	1—3 months	3—6 months	6—9 months	9—12 months	Total under 1 year
Prematurity .....	4	—	—	—	4	—	—	—	—	4
Congenital abnormality .....	1	—	—	—	1	—	—	—	—	1
Birth injury .....	1	—	—	—	1	—	—	—	—	1
Meningitis .....	1	—	—	—	1	—	—	—	—	1
Convulsions .....	1	—	—	—	1	—	—	—	—	1
Broncho-pneumonia .....	1	—	—	—	1	1	—	—	—	2
Capillary Bronchitis .....	—	—	—	—	0	—	1	—	—	1
Gastro-enteritis .....	—	—	—	—	0	—	1	—	—	1
Measles .....	—	—	—	—	0	—	1	—	—	1
<b>TOTALS</b> .....	9	—	—	—	9	1	3	—	—	13

### Infantile Mortality Rate.

1942 .....	59.47	1947 .....	44.52
1943 .....	62.28	1948 .....	39.60
1944 .....	66.22	1949 .....	43.13
1945 .....	35.58	1950 .....	29.9
1946 .....	35.08	1951 .....	52.4

### Deaths in Age Groups

	Males	Females	Total
Under 1 year .....	5	8	13
1— 5 years .....	1	1	2
5—10 years .....	—	1	1
10—15 years .....	1	—	1
15—20 years .....	1	3	4
20—25 years .....	2	1	3
25—35 years .....	2	—	2
35—45 years .....	2	1	3
45—55 years .....	8	3	11
55—65 years .....	6	9	15
65—70 years .....	8	8	16
70—75 years .....	20	13	33
75—80 years .....	21	12	33
80—85 years .....	5	8	13
85—90 years .....	5	7	12
90 years and over .....	—	1	1
<b>TOTALS</b> .....	87	76	163

## CAUSES OF DEATH IN 1951.

CAUSES OF DEATH					Males	Females
1.	Tuberculosis, Respiratory	.....	.....	.....	3	—
2.	Tuberculosis, other	.....	.....	.....	—	1
3.	Syphilitic Disease	.....	.....	.....	—	—
4.	Diphtheria	.....	.....	.....	—	—
5.	Whooping Cough	.....	.....	.....	—	—
6.	Meningococcal Infections	.....	.....	.....	—	1
7.	Acute Poliomyelitis	.....	.....	.....	—	—
8.	Measles	.....	.....	.....	—	2
9.	Other Infective and Parasitic Diseases	.....	.....	.....	1	—
10.	Malignant Neoplasm, Stomach	.....	.....	.....	3	2
11.	Malignant Neoplasm, Lung, Bronchus	.....	.....	.....	2	—
12.	Malignant Neoplasm, Breast	.....	.....	.....	—	1
13.	Malignant Neoplasm, Uterus	.....	.....	.....	—	1
14.	Other Malignant & Lymphatic Neoplasms	.....	.....	.....	6	6
15.	Leukaemia, Aleukaemia	.....	.....	.....	—	—
16.	Diabetes	.....	.....	.....	—	1
17.	Vascular Lesions of Nervous System	.....	.....	.....	11	14
18.	Coronary Disease, Angina	.....	.....	.....	6	2
19.	Hypertension with Heart Disease	.....	.....	.....	2	1
20.	Other Heart Disease	.....	.....	.....	21	17
21.	Other Circulatory Disease	.....	.....	.....	3	—
22.	Influenza	.....	.....	.....	1	4
23.	Pneumonia	.....	.....	.....	3	2
24.	Bronchitis	.....	.....	.....	7	4
25.	Other Diseases of Respiratory System	.....	.....	.....	2	1
26.	Ulcer of Stomach and Duodenum	.....	.....	.....	1	—
27.	Gastritis, Enteritis and Diarrhoea	.....	.....	.....	—	2
28.	Nephritis and Nephrosis	.....	.....	.....	—	1
29.	Hyperplasia of Prostate	.....	.....	.....	1	—
30.	Pregnancy, Childbirth, Abortion	.....	.....	.....	—	—
31.	Congenital Malformations	.....	.....	.....	1	—
32.	Other defined and ill-defined diseases	.....	.....	.....	10	9
33.	Motor Vehicle Accidents	.....	.....	.....	—	1
34.	All other Accidents	.....	.....	.....	3	2
35.	Suicide	.....	.....	.....	—	1
36.	Homicide and operations of war	.....	.....	.....	—	—
All causes					87	76

# Birth-rates, Death-rates, Analysis of Mortality, Maternal Mortality and Case-rates for certain Infectious Diseases in the Year, 1951.

Provisional figures based on Quarterly Returns.

	Worsboro' U.D.	England and Wales	126 County Boroughs and Great Towns (inc. London).	148 smaller towns (Resident population 25,000 - 50,000 at 1931 census).	London admini- strative County.
Rates per 1,000 Home Population.					
<b>Births :</b>					
Live Births .....	18.5	15.5	17.3	16.7	17.8
Still Births .....	0.21	0.36	0.45	0.38	0.37
<b>Deaths :</b>					
All Causes .....	13.9	12.5	13.4	12.5	13.1
Typhoid and para- typhoid .....	0.00	0.00	0.00	0.00	—
Whooping Cough .....	0.00	0.01	0.01	0.01	0.01
Diphtheria .....	0.00	0.00	0.00	0.00	0.00
Tuberculosis .....	0.35	0.31	0.37	0.31	0.38
Influenza .....	0.44	0.38	0.36	0.38	0.23
Smallpox .....	0.00	0.00	0.00	0.00	—
Acute poliomyelitis (including Polio- encephalitis) .....	0.00	0.00	0.01	0.01	0.00
Pneumonia .....	0.44	0.61	0.65	0.63	0.61
<b>Notifications (corrected)</b>					
Typhoid Fever .....	0.00	0.00	0.00	0.00	0.01
Paratyphoid Fever .....	0.14	0.02	0.03	0.02	0.01
Meningococcal Infection .....	0.00	0.03	0.04	0.03	0.03
Scarlet Fever .....	2.27	1.11	1.20	1.20	1.10
Whooping Cough .....	1.56	3.87	3.62	4.00	3.11
Diphtheria .....	0.00	0.02	0.02	0.03	0.01
Erysipelas .....	0.35	0.14	0.15	0.12	0.15
Smallpox .....	0.00	0.00	0.00	0.00	—
Measles .....	12.79	14.07	13.93	14.82	14.64
Pneumonia .....	1.77	0.99	1.04	0.96	0.72
Acute poliomyelitis (including polio- encephalitis) .....					
Paralytic .....	0.14	0.03	0.03	0.03	0.02
Non-Paralytic .....	0.00	0.02	0.02	0.03	0.02
Food Poisoning .....	0.00	0.13	0.15	0.08	0.23
Rates per 1,000 Live Births.					
<b>Deaths :</b>					
All causes under 1 year of age .....	52.4	29.6	33.9	27.6	26.4
Enteritis & diarrhoea under 2 yrs. of age .....	8.0	1.4	1.6	1.0	0.7
<b>Notifications (corrected)</b>					
Puerperal Fever and Pyrexia .....	23.90	10.66	13.77	8.08	14.90



## Maternal Mortality in England and Wales.

Intermediate List No. and Cause.	No. of Deaths	Rates per 1,000 Total (Live and Still) Births	Rates per million women aged 15-44
A115. Sepsis of pregnancy, childbirth and the puerperium .....	70	0.10	0
A116. { Abortion with toxæmia Other toxæmias of preg- nancy and the puer- perium .....	3	0.00	
	167	0.24	
A117. Haemorrhage of preg- nancy and childbirth .....	91	0.13	4 7
A118. Abortion without mention of sepsis or toxæmia .....	37	0.05	
A119. Abortion with sepsis .....	66	0.09	
A120. Other complications of pregnancy, childbirth & the puerperium .....	125	0.18	

## PRINCIPAL VITAL STATISTICS FOR THE YEAR 1951.

Based on Registrar General's Figures.

	Worsboro' Urban District	Aggregate W. Riding Urban Districts	West Riding Admin. County	England and Wales (prov'nal figures).
Birth Rate per 1,000 estimated population:				
Crude .....	17.6	15.6	15.8	15.5
Adjusted .....	18.5	15.9	16.1	15.5
Death rate per 1,000 estimated population:				
Crude .....	11.6	13.5	12.7	12.5
Adjusted .....	13.9	13.6	13.2	12.5
Infective and Parasitic Diseases excluding Tuber- culosis but including Venereal Diseases .....	0.28	0.11	0.10	not available
Tuberculosis:				
Respiratory .....	0.21	0.24	0.24	0.28
Other .....	0.07	0.04	0.04	0.04
All Forms .....	0.28	0.28	0.28	0.32
Cancer .....	1.49	1.89	1.80	1.96
Vascular Lesions of the Nervous System .....	1.78	1.86	1.72	not available
Heart & Circulatory Diseases	3.69	5.10	4.72	do.
Respiratory Diseases .....	1.71	1.90	1.81	do.
Maternal Mortality .....	—	0.81	0.93	0.79
Infant Mortality .....	52	31	32	30
Still Births .....	12	26	26	23

## **General Provision of Health Services in the Area.**

The provision of residential accommodation for the aged and infirm and for those in need of care and attention rests with the County Council. Requests for such accommodation from Worsborough residents were few, but for those who did make application accommodation was provided with little delay in one or other of the various hostels and institutions within the County area. The living standards in the hostels and institutions continue to improve and now reflect great credit on the welfare department which administers them. I am glad to report that in no instance was it necessary to take action under Section 47 of the National Assistance Act, 1948.

While hospital administration is not part of my duties, hospitals form a vital part of all health services and I must comment in general terms on the adequacy or otherwise of the hospital service for your district. In general last year the hospital needs of the acute sick and of maternity patients, both as regard in-patient and out-patient treatment, were well provided for by the Sheffield and Barnsley hospitals. The arrangements for hospital treatment for those suffering from infectious diseases were excellent and there was marked improvement in the admission rate of tuberculous patients to sanatoria. Hospital facilities for the chronic sick were not entirely satisfactory, though better than the previous year, but as in 1950 the most difficult problem was the provision of hospital treatment for persons suffering from mental illness and particularly those suffering from mental deficiency. The number of mental defectives in my division requiring institutional treatment and for whom no vacancy can be found is not large, but, in my view even the few matter. It is my experience that parents who have the misfortune to have a mentally defective child often give the child more loving care and attention than a normal child and it is rare to find parental neglect among mentally deficient children. Housing and family difficulties, however, combined with behaviour disorders in the mentally defective often make home conditions in such families intolerable and it is then that admission of the mentally defective to an institution is imperative but the sad truth is that in the Sheffield region only rarely can an institutional vacancy be found. I am aware of the immense difficulties of the Regional Hospital Board in finding accommodation and staff, but I am equally aware of the often intolerable hardship to which these families



are subject. The problem of institutional accommodation for mentally defectives in this region must be solved, I wish I could foresee its solution in the near future, but I am afraid I cannot.

It must be admitted that the facilities available in the division for the training of mentally defective persons who do not need institutional care, and particularly children, are inadequate. Home training was continued last year and training in small groups at a convenient centre open for one day per week was started but the need for an occupation centre where the mentally defective child and adolescent can attend daily still remains. As I write this report it is hoped that some arrangement with the Barnsley County Borough will soon be reached whereby children in the division can attend the County Borough occupation centre for training, but it is yet to be seen whether this arrangement, if reached, will prove adequate.

### **General Hospitals.**

The general hospitals serving your district and administered through the Sheffield Regional Hospital Board are given below :

1. The United Group Hospitals, Sheffield.
2. The Beckett Hospital, Barnsley.
3. The St. Helen Hospital, Barnsley.
4. The Moorgate General Hospital, Rotherham.

### **Infectious Diseases Hospitals.**

All infectious diseases requiring hospital admission were admitted to the Kendray Hospital, Barnsley. The ambulance arrangements were the same as in the previous year, the hospital retaining its own ambulances for this service.

### **Maternity Hospitals.**

Maternity cases were usually admitted to the following hospitals.:

St. Helen Hospital, Barnsley.  
Montagu Hospital, Mexborough.  
Hallamshire Maternity Home, Chapeltown.  
Pindar Oaks Maternity Home, Barnsley.

The services of the Jessop Hospital, Sheffield, were also available for abnormal obstetric cases.



## **Tuberculosis Scheme.**

The close link between the Chest Centre and the Health Department was maintained throughout the year. The Tuberculosis Visitor, through her work at the Chest Centre, learned of the clinical problems of the patient and by her visits to the home was able to relate them with the problems of prevention peculiar to the family. The checking of contacts and search for the source of infection went on while the patient received treatment, and advice was given to the family on the measures to be taken to prevent the spread of infection. In this way the disease and the patient were considered together and most importantly an even balance was struck between cure and prevention to the detriment of neither.

After care arrangements included extra nourishment, where recommended by the Chest Physician, in the form of a free milk allowance, and open-air shelters, with the loan of the necessary bed and bedding, were provided for suitable cases. Comment on the progress of the B.C.G. vaccination scheme and mass radiography will be made in a later section of the report.

I am glad to acknowledge once again the valuable help given me by the Council in granting housing priority to tuberculosis patients where re-housing was indicated as a measure of prevention.

The programme of the clinics held at the Chest Centre, 46, Church Street, Barnsley, is given below :

Wednesdays ... ..	10-0 a.m.	—	12-0 noon.
Wednesdays ... ..	2-0 p.m.	—	4-0 p.m.
Thursdays ... ..	10-0 a.m.	—	12-0 noon.
Thursdays ... ..	2-0 p.m.	—	4-0 p.m.
Fridays ... ..	10-0 a.m.	—	12-0 noon.

## **Venereal Diseases.**

The nearest centre for Worsborough patients for the diagnosis and treatment of these diseases is in Barnsley.

Address : Special Treatment Centre, Queen's Road,  
Barnsley.

Other centres are situate at Sheffield, Doncaster and Rotherham, and a patient suffering from Venereal Disease is at liberty to attend at the centre of his choice. Treatment is completely confidential.

## **Ambulance Service.**

Once again an excellent ambulance service was given the public despite the heavy demands made upon it. The present service bears little resemblance to its predecessor which began the County Ambulance Service in 1948 and indeed the old service could not have coped with present demands which are so incomparably greater than those of the past. To achieve the present standards much expansion and internal re-organisation have obviously been necessary but, while there may be a continued need for re-organisation to meet the increased usage expansion of a free-service must always be within certain economic limits. If these limits are to be kept the efficiency of the service must depend not only on efficient management but equally on its careful usage by the public.

Last year, as in 1950, it was the hospital out-patient department traffic which caused the ambulance service the greatest burden, a burden which, as in 1950, could have been lighter if perhaps the public had shown a little more thought and consideration. The County Ambulance Officer has asked me to draw the attention of the public to one way the out-patient traffic could be lightened and which would materially help the service without causing hardship to patients. If the ambulance returns for out-patient traffic are examined one is immediately struck by the large proportion of relatives who accompany patients to hospital as escorts. Undoubtedly, in many cases an escort is necessary and probably in all cases it is more pleasant for the patient to have some relative with him during a long wait at the hospital. But often the long wait there is caused by a long wait for a return ambulance and so a vicious circle is created which can only be broken by either an expensive expansion of the service or by the cutting down of the demand. The fewer the number of escorts, the greater the number of patients who can be carried and the speedier the return ambulance journey; it is just as simple as that.

The County Ambulance Officer is keen to help those patients who genuinely require a relative as escort but he asks patients and relatives to try to see his side of the problem. It would be unfair to leave the decision of escort or not to the ambulance driver and so it is up to the public, if they value what is after all their own service, to be careful of the use they make of it.



## Home Nursing.

Last year nearly 6,300 home nursing visits were made to patients in your district, a figure which is almost treble that of 3 years ago when the new service began. Such a remarkable expansion of the service in so short a period reflects the ever-growing importance of home nursing and the value such a service can be to the community. It also proves the need for making the nursing personnel fully mobile for without transport such a heavy case-load per nurse would not have been possible.

The expansion of the nursing service has had at least two very important effects which are worthy of note, the effect on hospital admissions and discharges and the effect on the work of the family doctor. Because of its ability to give adequate nursing care to patients in their own houses it has undoubtedly relieved the hospital waiting lists, particularly with regard to the chronic sick, and equally important it has in many instances shortened the in-patient period in hospital by providing in the home efficient nursing care during convalescence from acute medical and surgical illnesses. This effect has certainly been felt and welcomed by the hospital staffs. With the discovery of new drugs, particularly the antibiotics, many patients who formerly would have required hospital treatment are now being treated at home by the family doctor. Most of these drugs however, must be given by injection and these injections cannot, with safety, be left to the patient or relative. The home nurses are more and more undertaking this work under the supervision of the family doctor and saving him a great deal of time, a commodity which is always precious to a busy person.

The limits of expansion of the home nursing service have by no means yet been reached. The cry must not always be for bigger and better hospitals, we must prevent what illnesses we can but when illness does occur the possibility of treatment in the home, with the added comfort to the patient of being nursed in familiar surroundings, should be our first consideration. No one in these days decries the necessity for hospitals but let us beware of cultivating so strong a hospital complex that we lose sight of value of home nursing.

## Home Help Scheme.

The establishment of home helps for the division throughout the whole of last year was 13 whole-time workers or their equivalent in part-time workers. Once again the greatest need for assistance from the scheme was found among the aged group of the population and nearly three-quarters of the total assistance permitted was given to these people. It was more than doubtful whether the optimum amount of assistance was given to each individual household but it was felt that it was better to give some help to the maximum number rather than give the maximum help to the few.

The home help scheme is not designed to be of assistance to those who can afford to pay for domestic help, indeed if it were what is essentially a welfare service would quickly become a mere domestic agency. The scheme is designed rather to help those who cannot afford domestic assistance during illness or who cannot afford the full cost of such assistance. But the very strength of the scheme exposes its weaknesses and it is the weaknesses which hinder its efficient administration. There are a few people, usually the thriftless, who still regard the scheme as a right granted them by the National Health Service Act and something which is free to them in an emergency. It is neither a right nor is it automatically free, indeed if it were, the value of the service to the community would be immeasurably lessened. It is inevitably among the aged that one finds the greatest need and it is upon such households that the scheme confers the greatest benefit yet even here there is unfortunately to be found a debit account. Undeniably in many instances the provision of a home help to an aged person or an aged couple tends to lessen the sense of responsibility of the family to the parents and so often the help which is given by the home help scheme only compensates for that which should be given by the family and is not. The more I come in contact with the aged and infirm the more I feel that their care cannot be left entirely to the state but must be supplemented with the more human expression of sympathy and help from relatives and good neighbours. The Home Help service is a good service and a much needed one but never let it be thought that it lessens in any way individual and family responsibility or that it can prosper without voluntary help.



## **Laboratory Service.**

The laboratory service was provided by the Public Health Laboratory in Wakefield, a national service under the control of the Medical Research Council. The laboratory is equipped to deal with all bacteriological and pathological examinations and a complete investigation is undertaken and report furnished for every specimen sent for examination.

Samples of milk taken under the Food and Drugs Act for chemical analysis were examined by the Public Analyst at Bradford at the expense of the County Council.

## **Maternity and Child Welfare Service.**

The four maternity and child welfare centres serving the district are situated at Worsborough Bridge, Worsborough Dale, Birdwell and Blacker Hill. During the year 664 children made 7,976 attendances at the welfare clinics and 3,509 examinations were made by the clinic medical officer. 231 children were seen for the first time of whom 226 were under 1 year of age and 5 above that age. In addition there were 90 ultra-violet light sessions at the Worsborough Dale clinic with 559 attendances. The health visitors made first visits to 237 children and 1613 follow-up visits. They also made 1,674 home visits of a miscellaneous nature giving a grand total for home visits of 3,524.

The arrangements for the ante-natal care of expectant mothers were as in previous years. The ante-natal clinics are staffed by a part-time medical officer, a health visitor and the midwife who is engaged for the confinement. Routine blood examinations are made on all patients who are asked to attend regularly so that the progress of the pregnancy can be watched. Further supervision is given by the midwife at the patient's own home. The clinic medical officer has ready access to consultant opinion whenever necessary.

135 women made 477 attendances at the ante-natal clinics during the year and a further 23 attended for post-natal examinations.

The number of attendances at the infant welfare centres was a little greater than the number for the previous year but at the ante-natal clinics the attendances further declined. The cause of this decline in recent years has largely been due to the increasing tendency for mothers to have their babies in

hospital, and as a natural corollary to accept the hospital ante-natal care, and to the facilities provided under the National Health Service Act for general practitioner ante-natal care. Much has been said and written for and against hospital confinements, I personally hope when better housing conditions permit all expectant mothers the choice of a home confinement, when the disparity in cost between a hospital and home confinement is removed (for hospital confinement is much cheaper to the mother though not, of course, to the nation) that the trend towards the hospital as against the home will be reversed. In very many districts the hospital confinement has come to be regarded by the public as an accepted social custom and for good or ill accepted social customs stay. I am thankful that, as yet, this custom has not taken complete hold of your district.

### **Maternity and Child Welfare Clinic.**

Birdwell Methodist Church :

Ante-Natal Clinic, Tuesday, 2-0 p.m. to 4-0 p.m. (fortnightly)

Infant Welfare Clinic, Wednesday, 2-0 p.m. to 4-0 p.m.

Blacker Hill Methodist Chapel :

AnteNatal Clinic, Tuesday, 2-0 p.m. to 4-0 p.m. (fortnightly)

Infant Welfare Clinic, Thursday, 2-0 p.m. to 4-0 p.m.

Worsborough Bridge, St. John Ambulance Hall :

Ante-Natal Clinic, Tuesday, 2-0 p.m. to 4-0 p.m. (fortnightly)

Infant Welfare Clinic, Monday, 2-0 p.m. to 4-0 p.m.

Worsborough Dale, Community Centre :

AnteNatal Clinic, Tuesday, 2-0 p.m. to 4-0 p.m. (fortnightly)

Infant Welfare Clinic, Thursday, 2-0 p.m. to 4-0 p.m.

Ultra-Violet Light Clinic, Monday and Friday, 1-30 p.m. to 3-30 p.m.

### **SANITARY CIRCUMSTANCES OF THE DISTRICT.**

I am indebted to Mr. J. Shepherd, the Council's Engineer and Surveyor, for the following report :—

#### **Sewerage.**

During the year 1951 the following lengths of additional foul and surface water sewers were laid in connection with new housing development.



186 yards of 6" surface water sewers  
400 yards of 9" surface water sewers  
112 yards of 12" surface water sewers  
59 yards of 6" foul sewers  
483 yards of 9" foul sewers

Some trouble from surcharging of the sewer in Worsborough Park was experienced and two new manholes were inserted and built up some three feet above ground level to temporarily overcome this problem.

### **Sewage Disposal Works.**

A sample of the effluent taken by the Yorkshire Ouse River Board on the 21st of April proving to be unsatisfactory as regards suspended solids, an additional Humus tank was constructed in place of a disused sludge tank, this resulted in a considerable improvement in the standard of the effluent taken on the 10th of August.

A considerable amount of work was carried out in constructing new sludge lagoons and emptying and reconstructing the old sludge areas. There are now nine sludge lagoons which allow time for some beds to be drying out while others are in use. The Lea Recorder was put on order to be delivered for fixing in 1952.

### **Water Supply.**

The total consumption of water during the year ending December, 1951, amounted to 119,516,000 gallons, of this some 101,171,000 gallons were taken by domestic consumers and 18,339,000 gallons by industrial and commercial consumers. This shows the consumption per head per day to be 23.10 gallons made up of 19.50 gallons per day domestic consumption and 3.60 gallons per day industrial and commercial.

The Council also supplied 4,900 gallons per day in bulk to Tankersley in the Wortley Rural District Council.

During the year the scale of Water Charges was revised as follows :—

#### **For Domestic Purposes**

At 5/- per £1 of Rateable Value with a maximum charge of £5.

### For Metered Supply.

At 2/-d. per thousand gallons as registered by the meter plus meter rent.

The usual high standard of purity was maintained as shown by the Analyst's report on the sample taken by the Sanitary Inspector on the 11th December, 1951.

### Rainfall.

Daily readings of rainfall are taken at the Council's Worsborough Dale Sewage Works and the monthly totals during 1951 were as follows :

		inches
January	...	2.39
February	...	3.30
March	...	3.05
April	...	1.10
May	...	4.77
June	...	0.79
July	...	2.85
August	...	4.35
September	...	1.31
October	...	0.80
November	...	5.97
December	...	2.42
<b>Total</b>	... ..	<hr/> 33.10 <hr/>

This was a record since the Council commenced taking rainfall readings, rain occurred on no fewer than 222 days. The rainfall was 8.52 inches greater than in 1950.

### Housing.

The number of houses completed during 1951 was as follows :—

Three bedroom type constructed by Direct Labour	...	34
Three bedroom type constructed by Contract	...	24
Houses built by Private Enterprise	... ..	4
<b>Total</b>	... ..	<hr/> 62 <hr/>

## Recreation Grounds and Community Centres.

During 1951 the Council were able to lease the Mission Hut at Blacker Hill for Community Centre purposes and sufficient work was carried out to enable this to be used for Winter activities.

Two Tennis Courts at Birdwell were constructed and brought into use in July of that year.

Towards the end of the year the Ward Green Community Association purchased a Community Hut which the Council immediately started to erect. A similar hut was purchased by the Bank End Association as an addition to the facilities.

## Infectious Diseases.

During the year a total of 292 cases of infectious diseases were notified as compared with a total of 409 for the previous year. Almost the whole of the reduction was due to the decline in incidence of whooping cough.

### Statement of Notification of Infectious Diseases received during the Year.

Smallpox	...	...	...	...	...	...	...	—
Scarlet Fever	...	...	...	...	...	...	...	32
Diphtheria and Membranous Croup	...	...	...	...	...	...	...	—
Enteric Fever	...	...	...	...	...	...	...	2
Pneumonia	...	...	...	...	...	...	...	25
Puerperal Pyrexia	...	...	...	...	...	...	...	6
Acute Poliomyelitis (Paralytic)	...	...	...	...	...	...	...	2
Acute Poliomyelitis (Non-Paralytic)	...	...	...	...	...	...	...	—
Acute Polio-encephalitis (infective)	...	...	...	...	...	...	...	—
Acute Polio-encephalitis (post infectious)	...	...	...	...	...	...	...	—
Dysentery	...	...	...	...	...	...	...	1
Ophthalmia Neonatorum	...	...	...	...	...	...	...	—
Erysipelas	...	...	...	...	...	...	...	5
Respiratory Tuberculosis (new cases only)	...	...	...	...	...	...	...	14
Other Forms of Tuberculosis (new cases only)	...	...	...	...	...	...	...	3
Measles (excluding German Measles)	...	...	...	...	...	...	...	180
Whooping Cough	...	...	...	...	...	...	...	22
Meningococcal Infections	...	...	...	...	...	...	...	—



### Cases removed to Hospital.

Scarlet Fever	...	...	...	...	...	...	20
Measles	...	...	...	...	...	...	4
Whooping Cough	...	...	...	...	...	...	1
Pneumonia	...	...	...	...	...	...	3
Poliomyelitis	...	...	...	...	...	...	2
Erysipelas	...	...	...	...	...	...	1
Enteric Fever	...	...	...	...	...	...	2

### Infectious Disease in Age Groups.

	Under 1	1 to 3	3 to 5	5 to 10	10 to 15	15 to 25	25 to 45	45 to 65	65 +	Age U.K.	Total
Pneumonia	3	2	2	1	1	2	4	4	6	—	25
Erysipelas	—	—	—	—	—	—	—	4	1	—	5
Scarlet Fever	—	2	9	13	7	—	1	—	—	—	32
Diphtheria	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	6	6	7	3	—	—	—	—	—	—	22
Measles	10	66	52	51	1	—	—	—	—	—	180
Ophthalmia	—	—	—	—	—	—	—	—	—	—	—
Neonatorum	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	—	—	—	—	—	1	5	—	—	—	6
Acute Poliomyelitis :											
(a) Paralytic	—	—	1	1	—	—	—	—	—	—	2
(b) Non-paralytic	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infection	—	—	—	—	—	—	—	—	—	—	—
Dysentery	—	—	—	—	—	—	1	—	—	—	1
Enteric Fever	—	—	—	1	—	—	1	—	—	—	2

### Infectious Diseases in Wards.

	North	South	East	West	Total
Measles	81	7	29	63	180
Whooping Cough	20	1	—	1	22
Scarlet Fever	6	19	4	3	32
Pneumonia	9	3	4	9	25
Erysipelas	1	—	—	4	5
Pulmonary Tuberculosis	7	2	1	4	14
Non-Pulmonary Tuberculosis	1	1	—	1	3
Dysentery	—	—	—	1	1
Puerperal Pyrexia	3	—	1	2	6
Acute Poliomyelitis (Paralytic)	—	—	—	2	2
Enteric Fever	2	—	—	—	2

## Scarlet Fever.

32 cases of Scarlet Fever were notified last year as against 27 for the previous year. Of the 32 cases 20 were admitted to hospital more because of the difficulty of nursing and isolation at home than because of the severity of the illness. In general the disease was mild, there were no deaths and no serious complications. The highest incidence of the disease occurred in the South Ward but the total number of cases was too small for the distribution to have any practical significance.

## Diphtheria.

In the past a separate section on diphtheria in the annual report was necessary to record the incidence of the disease and the mortality from it. Because of the success of the mass immunisation scheme, the section is no longer needed for its original purpose and is now used to give the immunisation statistics for the district, a happy change of function which perhaps is the goal of all public health measures. The immunisation statistics showed that 65.4% of all children in the district between the ages of 0-15 years were immunised with 37.8% of the children in the age group 0-4 years and 80.4% of the children in the age group 5-15 years protected. Though the percentage immunised in both age groups is higher than last year once again I must draw attention to the very great disparity between the immunisation states of the two age-groups. Frankly the figure for the younger children is simply not good enough and must be improved if we are to be able to affirm with confidence that diphtheria cannot return to the district. Last year 120 children who had not been previously immunised were immunised at school and it is rather shocking that these children were allowed to run the risk of such a serious disease until they reached school age. The facilities for immunisation both at welfare clinics and the family doctor's surgery are ample and well publicised and I cannot believe that any parent in the district is not aware of them. The local health authority must make these provisions for immunisation available to all but the final decision whether to make use of them or not rests with the parents and it is they who must accept the final responsibility.



## **Measles.**

There were 180 cases of measles notified last year as compared with 188 cases in 1950. The highest incidence occurred in the first quarter of the year and the bulk of the cases came from the North and West Wards of the district. The disease caused the deaths of two young children but in general the illness ran an uneventful course and the incidence of complications was small.

## **Whooping Cough.**

The incidence of whooping cough fell considerably with only 22 cases notified as compared with 130 in the previous year. The disease was confined to the North ward almost entirely and in the main only affected children under the age of 5 years. It must be noted that 6 of the patients were infants under 1 year of age.

Whooping Cough is a most troublesome illness at any age and even a dangerous illness among infants and toddlers. In my last annual report I stated the position of whooping cough immunisation as it was then and from a technical point of view there is little to add to that statement. The present vaccines are not as yet as effective as are the prophylactics against diphtheria. They will give complete protection in probably the majority of cases and will confer sufficient immunity to modify the course of the illness in a large proportion of the remainder. They are therefore potent vaccines even if they have not the superlative potency of the diphtheria prophylactics. In the spring of 1952 whooping cough immunisation was made available at the infant welfare centres and I expect a large number of patients will accept the facilities offered. The results will be watched most carefully but 2—3 years must lapse before a reliable evaluation of the experiment can be made.

## **Poliomyelitis.**

Two children contracted this disease last year but fortunately the degree of residual paralysis in both patients was slight.

## **Enteric Fever.**

Two cases of Para-typhoid fever, one of whom was a symptomless carrier only, were notified last year and it is probable that both were infected from the same source though this was not proved. A complete investigation was made and a report submitted to the Health Committee and the Ministry of Health and it is not intended here to go into the details of that report.



## **Tuberculosis.**

17 new cases of Tuberculosis were notified during the year, 14 of whom had Pulmonary lesions and 3 Non-Pulmonary lesions. There were 3 deaths from Pulmonary Tuberculosis and 1 death from Non-Pulmonary Tuberculosis in the year.

In the past few years very great advances indeed have been made in the treatment of all forms of Tuberculosis with the discovery of new drugs and improved technique greatly decreasing operative risk where surgical treatment proves necessary. The outlook for the tuberculous patient is certainly very much brighter than it was, both with regard to the full restoration to health and the complete rehabilitation within the working community. Nevertheless, early diagnosis is still of prime importance in treatment and the corner stone in prevention. The speed at which it is possible to convert an infectious patient into a non-infectious patient helps materially in the prevention of spread but the speedy detection of the infectious case is just as important to the community. I am glad to be able to report that last year a large number of Worsborough residents visited the Mass Radiography Unit while it was in Barnsley and I hope even more will take advantage of this important health check when the units come again to Barnsley in the summer of 1952. In addition all school leavers together with the teachers and the school meals service staff were given last year the opportunity of a chest X-ray during the 3 weeks stay of the Mass Radiography Unit in Wombwell and the response was truly magnificent. I hope to be able to arrange for a similar examination for all school leavers towards the end of 1952. The initial effect of the annual use of Mass Radiography will be to increase the annual number of notifications of Pulmonary Tuberculosis by revealing the unsuspected cases but eventually, by the eradication of the hidden sources of infection, fewer and fewer cases will come to light and the disease will begin to wane.

A great deal of progress also was made during the year in the protection of susceptible children who were intimate contacts of open cases of Pulmonary Tuberculosis with B.C.G. vaccine. The initial difficulties of the scheme were largely overcome and the importance of the measure more and more understood and accepted by parents. As a result the number of successful vaccinations increased and another real public health measure is beginning to show the signs of a successful launching.

### Tuberculosis—New Cases and Mortality in 1951.

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0—1 .....	—	—	—	1	—	—	—	—
1—5 .....	—	1	1	—	—	—	—	—
5—10 .....	—	—	—	—	—	—	—	—
10—15 .....	1	1	—	—	—	—	—	—
15—20 .....	2	1	—	1	—	—	—	1
20—25 .....	1	1	—	—	—	—	—	—
25—35 .....	2	1	—	—	—	—	—	—
35—45 .....	—	—	—	—	1	—	—	—
45—55 .....	2	—	—	—	2	—	—	—
55—65 .....	—	—	—	—	—	—	—	—
Over 65 .....	1	—	—	—	—	—	—	—
TOTALS .....	9	5	1	2	3	—	—	1

### Tuberculosis—New Cases and Mortality for the past 10 years

Year	New Cases		Deaths	
	Non-Pulmonary		Non-Pulmonary	
1942 .....	7	6	3	—
1943 .....	8	4	7	2
1944 .....	14	2	2	5
1945 .....	9	5	4	2
1946 .....	9	8	3	1
1947 .....	12	5	9	2
1948 .....	13	4	11	5
1949 .....	14	3	3	1
1950 .....	16	4	3	2
1951 .....	14	3	3	1

### Tuberculosis—Record of Cases during 1951.

	Pulmonary		Non-Pulmonary	
	M	F	M	F
No. of cases on register at 1st Jan., 1951 .....	33	23	8	10
No. of cases notified for first time during year .....	9	5	1	2
No. of cases restored to register .....	—	—	—	—
No. of cases added to register otherwise than by notification .....	—	—	—	—
No. removed to other districts .....	1	—	—	—
No. cured or otherwise removed from register .....	7	2	3	5
No. died from disease .....	3	—	—	1
No. died from other causes .....	1	—	—	—
Total at end of 1951 .....	30	26	6	6

# ANNUAL REPORT

of the  
**Sanitary Inspector and Cleansing Superintendent**  
for the year 1951.

To the Chairman and Members of the Council.

Gentlemen,

I am pleased to present my eighth Annual Report on the sanitary circumstances of your area.

May I first again express my appreciation for the support given me by the Public Health Committee, also by Dr. Hynd, fellow officials and staff. I should like to give a special word of thanks to my Chairman, Mr Atkinson, with whom I have now worked in closest harmony for the past eight years.

The staff of the department has consisted for the greater part of the year of one qualified assistant and a girl clerk/typist. The unqualified assistant of last year, Mr. W. Wadsworth, qualified early in the year but then unfortunately became liable for national service and was called up. The Council advertised the vacancy on a temporary basis and his place was filled by Mr. J. Ward. I have still to experience qualified assistance for a complete year's report.

I feel that we have done a good year's work and some of the best of it cannot be expressed in mere figures as the following pages will perhaps shew.

## **Water Supply.**

The Surveyor has dealt with the bulk supply earlier in this report and my comments are concerned with the domestic aspects of the matter.

There are now seven houses in the area which do not have a mains' supply. This is one less than last year, the difference being accounted for by the closure and demolition of No. 17 Midland Cottages, Dovecliffe.

The remaining houses are as follows :—

Nos. 11a to 15 Dovecliffe Cottages	...	4 houses
Dovecliffe Station	... ..	2 houses
Keeper's Cottage, Round Green	...	1 house



The four houses at Dovecliffe are dependent on a spring which is piped into an enclosed storage tank and then further piped into the houses and delivers over the sinks by tap. The storage tank, which is of solid stone, became fractured in May owing to subsidence and the leakage interfered with the supply for two days until it was repaired. The Council ran a daily supply up to the houses in clean dustbins and charged the owner with the haulage cost.

The two cottages at Dovecliffe Station form part of the station buildings and have their water delivered daily in covered churns by rail from Stairfoot. I did try to secure the closure of one of these cottages when it became empty during the year, but the Railway Executive stated they needed it for another member of their staff and agreement could not be reached.

### **Water Sampling.**

A sample of Town's water was submitted to the analyst and the following is a copy of his report :—

					Parts per million.
Total Solids	...	...	...	...	100
Chloride	...	...	...	...	14
Nitrite	...	...	...	...	Nil
Nitrate	...	...	...	...	0.29
Free Ammonia	...	...	...	...	0.06
Albuminoid Ammonia			...	...	0.02
Poisonous Metals	...	...	...	...	Nil
Total Hardness	...	...	...	...	58
p.H.	...	...	...	...	7.6

“This water is of satisfactory organic quality.”

Samples of the other two waters were also sent for bacteriological examination and were satisfactory.

### **Closet Accommodation.**

Five waste water closets have been converted into water closets during the year, the Council making a grant of £5 in each case.

There was one privy conversion during the year.

The number of sanitary conveniences of various types in the district is as follows :—

Privies with open middens ...	...	Nil
Privies with covered middens ...	...	64
Pail or tub closets ...	...	4
Water closets ...	...	4,009 (approx)
Waste water closets ...	...	40 (approx)

The figures for water closets, both fresh and waste water, are only approximate but are fairly accurate, and it does not seem worth while making a special survey for the purpose of an accurate figure.

The information gained by the Registrar General shewing the number of baths in the area would be interesting to know, and I hope that one day this figure will be available to us.

The small number of conversions shews that with present day prices, owners, and even owner-occupiers, are prepared to tolerate primitive sanitary conveniences. I am very pleased to record, though, that my suggestion in last year's estimate to increase the present grant of £5, was very favourably received by the Council, and I was instructed to raise this matter at the financial year end. Although it does not come within the purview of the present report it is a pleasure to mention that a sum was agreed and the grant more than doubled.

I am hoping in the near future to formulate a definite plan for the provision of additional closets where at present two, and occasionally three, houses have to share one W.C.

### **Public Cleansing.**

Street cleansing, gully emptying and maintenance of public conveniences are under the supervision of the Engineer and Surveyor. There are three mens' urinals on the very busy main road (A.61) which runs from one end of the district to the other, but there are no public W.C.s, nor is there any provision for women in the area.

### **Refuse Collection.**

The collection of house refuse and its disposal are carried out by the direct labour under my control.

Two modern Dennis collectors are in operation, one 10 cubic yard capacity and one 7 cubic yard. We also have a 7 cubic yard Karrier Bantam which stands by, mainly as a spare but it is used after holidays.

The number of men employed is one foreman, two drivers, eight loaders and one tipman, except after holiday periods, when it is necessary to employ two additional loaders and the third lorry is thereby manned for a short period.

Being a mining district, the majority of the houses receive "home coals", this being an entitlement of one ton per month, with the natural result that we have a high refuse yield. Not only is the yield high but it is also very heavy. We have no facilities for load weighing and as I consider the test weighing of occasional loads to be inaccurate and misleading, no tonnage figures are given.

Despite the ever-increasing number of houses, we have still managed to give a weekly bin service and a fortnightly midden service without increase of staff and I think it is no exaggeration to say that one could "set-the-clock" by the scavengers.

It would be misleading to say that the men have done this extra work without complaint however, and it is certain that before the next report is written we shall have to bring out the third lorry on a permanent basis.

It is an interesting fact that we have exactly the same number of men to-day on scavenging as there was in 1936, and since that date over 800 houses have been built. It has been possible to cope with this additional work by the provision of better lorries, the abolition of scores of ash pits, and the provision of better tipping facilities.

### **Refuse Disposal.**

We have continued to tip house refuse to good advantage in various parts of the district. This work has been helped greatly by the co-operation of the Surveyor who has again provided us with surplus excavation material off the housing scheme. This is very often of poor quality such as solid clay and of little use to domestic gardeners but in combination with house refuse, forms quite a good soil.



During the year we completed the filling and levelling of the old river bed at the Worsborough Bridge Athletic Ground, which enlarged the ground considerably, and to-day it must be one of the most attractive little cricket grounds in South Yorkshire. We also completed the levelling of the Recreation Ground in Park Road, which, after the expert grading and seeding by the Park Superintendent's staff which followed, is now a really excellent playing field.

Our main tip is still at Brough Green, where we have completed one half of the scheme and the sight of growing corn on it is an indication of the real value of controlled tipping.

We also have a good tip at Pilley Lane, Birdwell, where we shall be busy for a long time yet as we only tip there one day per week.

### **Shops Act.**

We have only the few Co-operative Society Branch shops which come under the scope of the Shops Act and these are all entirely satisfactory.

The remainder of the shops in the district are of the house-and-shop combined type run by the householder and his family.

One exemption under Section 38(6) of the Shops Act 1950 from providing sanitary conveniences was granted in respect of a lock-up tobacconist's shop in Birdwell.

### **Tents, Vans and Sheds.**

There are no sites licensed by the Council for moveable dwellings under the Public Health Act.

The Council do not encourage the use of this form of dwelling in the area and have consistently refused to grant licences to young couples who were desirous of setting up house in them.

They have however felt compelled to grant temporary licences to outcrop engineers who are only in the district for a limited period.

Two such licences are in operation and are renewed at the end of each six months.

## **Smoke Abatement.**

The emission of grit from the chimney of the boiler plant at the chemical works at Blacker Hill has continued unabated during the year.

Fortunately, the wind necessary to carry this grit over Blacker Hill is not a very common one, but it is still regarded as far too common by the unfortunate residents in this part of our area, whose lives are made miserable by this nuisance.

The Council have continued to press the Company for the installation of a grit arrestor and have had various meetings with the Company, together with the Ministry of Health's Alkali, etc. Inspector, and the Regional Fuel Engineer of the Ministry of Fuel and Power. The Company are not at all anxious to spend something like £9,000 if it is possible to avoid it, but the experts' view is that this is the only remedy. At the end of the year we seemed no nearer the solution of this problem than at the beginning.

We have applied to the Ministry for permission to adopt smoke bye-laws but they were loathe to grant it owing to the problems of industry. In the meantime the people at Blacker Hill are dis-satisfied at what must seem very slow progress to them, but it is certain that either the Coking Company or the Ministry of Health will have to give way before very long.

The chimneys at the Barrow Colliery Company give rise to some smoke nuisance also, but here mechanical stokers are being installed and a solution to the problem should then be possible.

## **Spoilbanks.**

There is only one colliery spoilbank in the area and on the whole it has been kept under good control during the year.

Occasional burning has been noticed but this generally follows the holiday period when spraying operations have not been carried on.

Unfortunately this unsightly monster has continued to grow and is now regarded as a necessary part of our landscape. If the method of tipping could be altered and done in shallow layers as with house refuse, the risk of fire would surely be lessened and the growth of vegetation on them more speedily possible.



## **Eradication of Bed Bugs.**

Nine complaints of infestation by bed bugs were made during the year and in eight cases the Council carried out spraying operations at the expense of either the owner or occupier, according to the circumstances. In the other case liquid insecticide was issued as the complainant had a sprayer and appeared competent to do the work as advised by us. We always offer to give a second treatment free if the first is not completely effective, but we are rarely called upon to do this.

We are very well equipped for carrying out disinfection as we have both an electric sprayer and a pressure trolley sprayer, the latter being used where electricity is not available. These sprayers are not only extremely effective, but also use infinitely less insecticide and quickly save their initial cost.

One case of infestation arose during an exchange of Council houses between two tenants. The houses were examined by me before the exchange was allowed and I was suspicious that bugs might be present in slight numbers but the housewife was emphatic in her denial of this. Such denials are always futile as the new tenant will obviously notify any infestation discovered. The offending tenant was warned and was also called upon to bear the expenses of treating both houses.

In addition to the above, twelve cases were treated by van fumigation. These were in the case of tenants taking over a new house, when an inspection is always made of their existing accommodation. If bugs are found, or suspected, removal by fumigation van is insisted upon, and the cost is borne equally by the Council and the tenant. All tenants are also instructed to report the purchase of any second-hand furniture which is then examined and if necessary sprayed.

## **Offensive Trades.**

None in the district.

## **Toys for Rags Offences.**

The Council instituted proceedings under Section 154 of the Public Health Act 1936 in two cases where persons were giving balloons to young children in exchange for rags.

One case was reported by the Police and a fine of £2 was imposed by the Magistrates.



The second case was reported by myself and after two visits to the Court when the defendant did not appear, and a warrant had to be issued for his arrest, he was ultimately fined £1. In my opinion the maximum fine should have been imposed as even this was no deterrent at a time when rags were very valuable, and we were certainly put to a great deal of trouble into the bargain.

On another occasion I found a man issuing printed leaflets to school children at a school gate. These leaflets offered at least 2s. 6d. for every carrier-full of wool brought by the children. I informed the man of the provisions of the Act which forbade any article whatsoever being given to a child, and he rather confounded me by stating that money was not an "article" but was "coin of the realm" and shewed me a newspaper cutting which gave an account of a case against one of his firm's collectors in which the above ruling had been given and the decision had gone against the local authority.

I have decided the simplest way of dealing with this offence is to warn the offender and watch him leave the locality.

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## INSPECTION AND SUPERVISION OF FOOD.

### Milk Supply.

Control of milk production is of course, under the control of the Ministry of Agriculture and Fisheries and cowsheds and dairies are therefore not inspected by the Sanitary Department.

The number of farmers producing and retailing raw undesignated milk in the area is only seven, the remainder sending their bulk supplies in for pasteurisation.

### Milk Sampling.

The only check we can have on the cleanliness of production is by the regular sampling of milk in the course of delivery.

Fifty-one samples of milk were taken from retailers in course of delivery to the public and submitted to the Public Health Laboratory at Wakefield for appropriate examination. This is considerably in excess of the twenty-four submitted in the previous year.

Sixteen of the samples were raw untreated milks and were submitted for biological examination. Reports on all sixteen stated that the guinea pigs inoculated with the samples shewed no evidence of tuberculosis when killed at the of the 6 weeks period.

The remaining thirty-five milks were comprised of twenty-four tuberculin tested, one T.T. pasteurised and ten pasteurised. The twenty-four raw milks were subjected to the methylene blue test and five were unsatisfactory, decolourising the dye in periods ranging from  $\frac{1}{2}$  hour to  $4\frac{1}{2}$  hours. In all cases the producer and the area of production were informed of bad results.

The eleven heat-treated milks were all satisfactory, none failing to satisfy the phosphatase test.

One adverse biological report was received during the year but it was in respect of a milk submitted for biological examination towards the end of the previous year. This shewed that the milk in question was tuberculous. The Medical Officer and myself visited the farm immediately and a notice under Regulation 20 of the Milk and Dairies Regulations 1949 was served on the farmer, requiring the milk to be heat treated.

The Ministry's Veterinary Officer isolated one cow, which was slaughtered and the remaining herd of only 6 cows pronounced free from infection. This did not satisfy us altogether and the Chairman of the Public Health Committee undertook the responsibility of authorising the milk to be kept under heat treatment pending a report on a bulk sample of the remaining cows.

Our action was fully justified when five weeks later the bulk sample still proved positive despite the slaughter of what was considered to be the offending cow. A second cow was slaughtered and the milk was then freed from heat treatment and it was found from a final sample that the herd was free from T.B.

This case demonstrates a definite weakness in the system and it does not seem desirable that milk from an infected herd should be freed from control until it is proved beyond any doubt that all cows giving tuberculous milk have been removed. It also demonstrates the wisdom of consuming designated milks.



Regular sampling of all milks is regarded as essential, and we are particularly careful to send in to the Public Health Laboratory the maximum number of raw milks permitted us for biological examination. This number ensures that each raw undesignated milk is tested twice per year which is reasonably satisfactory but not ideal, particularly where the farmer keeps a "flying herd".

Ten official samples of milk were taken in course of delivery to the consumer under the provisions of the Food and Drugs Act and submitted to the Public Analyst. All were genuine.

The Council is not a Food and Drugs authority, but these samples are taken under powers delegated to me by the County Council.

### **Meat Supply.**

The whole of the butchers' meat supply is killed at the Barnsley Abattoir and delivered direct to the butchers' premises.

I feel sure that the Abattoir is not large enough to deal adequately with home-killed meat at peak periods as many carcasses are coming out badly dressed, and on occasions before they have properly cooled. The result is that in warm weather I frequently receive complaints that the meat has lost its sweetness, and I know that butchers have had to destroy offal on occasions, when it has been sent out badly packed and within 24 hours has been in the first stages of putrefaction. The practice of piling offal into deep stainless containers is a bad one, as is also the odious practice of pushing sheep heads and offals into the thorax of the dressed carcass.

One cannot but feel that the method of handling meat is open to much criticism, and hinders our own efforts to secure the most hygienic conditions in the shops.

The general standard of cleanliness in butchers' shops in the district is very good indeed, and I do receive the fullest co-operation from the butchers in all matters concerning public health and hygiene.

The number of pigs slaughtered for home consumption was 124, which was a further reduction on last year. Two years ago over 300 pigs were killed.



All these carcasses are inspected and this is a service which most pig keepers appreciate.

It was necessary to condemn the following :—

4 pigs' heads	...	...	Tuberculosis.
4 mesenteries	...	...	Tuberculosis
3 plucks	...	...	Tuberculosis
1 kidney	...	...	Tuberculosis

The carcasses of two calves slaughtered for home consumption were also inspected and passed.

The only other food condemned during the year was :—

2 $\frac{1}{4}$ lbs. lard	...	...	...	rancidity
2 $\frac{3}{4}$ lbs. butter	...	...	...	rancidity
$\frac{1}{2}$ lb. butter	...	...	...	rancidity

### Ice Cream.

There are seventeen premises registered under Section 14 of the Food and Drugs Act 1938 for the sale, or manufacture for sale, of ice cream.

Sixteen of these are for sale only, and are the usual small shop, mainly grocery, which has a refrigerator or conservator and sells a pre-packed ice cream, this being the understanding on which registration is granted.

The one registration for manufacture is in respect of the factory at Birdwell. The premises are well equipped and the trade is carried on in a satisfactory manner. Regular inspections are made and very little cause for complaint is ever found.

Fourteen samples of ice cream were submitted for the standard methylene blue test and thirteen were placed in provisional grade 1, and the other in grade 2, which is extremely satisfactory.

### Paratyphoid Cases.

Two cases of Paratyphoid have been included in the Infectious Diseases section.

These were traced to be due to the consumption of cream cakes from a bakehouse in an adjoining district where several cases were found amongst the employees.

A great deal of work was involved in submitting faeces and urine specimens from the 20 contacts concerned.

The cases gave a fillip to our campaign for clean food handling and manufacture.

## **HOUSING.**

### **New Houses.**

The Council have pursued a policy of building houses more energetically during the past year, than perhaps at any time during the past. Every house they are allowed to build is being built either by direct labour or by contract, and at the same time they are granting the full quota to private individuals wishing to build their own houses.

Despite this, we still have a housing problem, and the clamour for houses does not seem to diminish. A great deal of time is spent in the office interviewing people living in overcrowded conditions, and although the only remedy is more and more houses, I feel they need listening to sympathetically as the problem is a major one to them and the local authority represents their only chance of escape from conditions which are often appalling.

### **Council House Lettings.**

The Council themselves select tenants for new houses, but leave the selection for re-lets in the hands of the Housing Agent.

A definite policy is followed and houses are let on the basis of 65% to overcrowded cases, 25% to lodger families (overcrowded or not) and 10% to Medical or otherwise special cases.

The selection is made well in advance of completion of the houses, and sufficient tenants for the whole scheme in progress are selected at the one meeting.

The Housing Agent and myself are generally instructed to 'screen' the applications and reduce them to a reasonable number from which the final selection can be made. My main concern, naturally, is the abatement of overcrowding and the Medical Officer reports on the medical cases. 38 cases of overcrowding were relieved during the year.

Five years ago, following my report on a census of Council houses, an exchange system was encouraged and since then well over 150 exchanges have been allowed. This has resulted in many cases of overcrowding being relieved without the necessity of building a house, and it is amazing how many exchanges can be effected by one re-let where the Housing Manager is fully conversant with his tenant's conditions and needs.

In these exchanges, an inspection is made by me of all houses involved to try and avoid anyone moving into a bug infested house. The Council have also given us power to decorate free of charge any house which in our opinion is in need of it. This applies to exchanges only.

### **Repair of Houses.**

The repair of houses to-day is a major problem, and many owners are loathe to do them because of the high cost involved. This also means that more visits are being made for less work.

One of my biggest problems has been the condition of Jarrotts Buildings, which is a compact area of 54 back-to-back houses in the middle of Worsborough Dale. It is the perfect example of a Clearance Area with its unpaved yards, inadequate sanitary accommodation and general dilapidation aggravated by mining subsidence. Our housing problem would not allow us to go forward with Clearance Area procedure, and for years we have been patching up, then patching up still more. During the present year, however, the problem was tackled from a different angle, and the result of much correspondence, and finally an interview the Clerk and I had with the owners and their solicitors, was an undertaking being given to the Council that any house which became vacant there would not be re-let. Only one house was closed during the year, but I am hoping the Housing Committee will allocate, say, five houses per year to these tenants, and in ten years this unhealthy area will have disappeared without any appreciable drain on our new houses. I am sure then the site could be put to some useful purpose.



A notice was served in respect of a house in West Street and the repairs involved were estimated to cost £200. The house is on the line of a much-needed widening of this County Road and the owners appealed to the Council to waive their demand. The result was a deputation from the County to inspect the road and the Council undertook to re-house the tenant if the widening proceeded. The County Council in return promised to carry out the widening as soon as possible.

The Council's notice was amended to require the remedying of only urgent defects.

Another house in Edmunds Road, Worsborough Dale, belonging to a Brewery Company was the subject of a notice requiring a formidable list of repairs, estimated to cost £300. The Company offered to sell the vacant house to the Council, who were not interested, and they finally gave it up and it was demolished for road pitching material.

Three years ago a house at Dovecliffe was closed voluntarily by the Railway Executive after we had re-housed the tenants. A similar undertaking was given by them during the year under review in respect of the adjoining house No. 16 Midland Cottages, which was badly over crowded in addition to being unfit. The tenant was moved into a Council house and the Council demolished the houses in return for the materials.

The Council moved a lodger family from a house in Ebenezer Square which had originally been two houses knocked into one. Following this removal, an application was received from the owner for permission to convert the building back again into two houses. If this had been allowed, one of the houses, which is built on to the gable of Jarrotts Buildings, would have had no through ventilation. The Council agreed to my recommendation to refuse the application, so far as its use for habitation was concerned, but it was allowed to be converted and the part in question to be used as a store by the owner.

An effort was made to secure the closure of a house which forms part of the station premises at Dovecliffe. The house is in fair structural condition, but lacks a mains water supply as mentioned earlier in the report, has only oil lamps for artificial illumination and is provided with pail closets. Its closure could only be obtained by the co-operation of the Railway Executive which they did not give, stating that they needed the house for an employee.

## HOUSING STATISTICS.

### (1) Inspection of dwelling houses during the year.

1. (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts) ... .. 196
- (b) Number of inspections made for the purpose 438
2. (a) Number of dwelling houses (included under sub-head (1) above), which were inspected and recorded under the Housing Consolidated Regulations ... .. —
- (b) Number of inspections made for the purpose —
- (3) Number of dwelling houses needing further action :
  - (a) Number considered to be in a state so dangerous or injurious to health as to be unfit for human habitation ..... 2
  - (b) Number (excluding those in sub-head (3) (a) above), found not to be in all respects reasonably fit for human habitation ... .. 144

### 2. Remedy of defects during the year without service of formal notices.

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers ... .. 137

### 3. Action under Statutory Powers during the year.

A. Proceedings under Sections 9, 10 and 16, Housing Act, 1936 :—

- (1) Number of dwelling houses in respect of which notices were served requiring repairs 10
- (2) Number of dwelling houses which were rendered fit after service of formal notices :—
  - (a) By owners ... .. 10
  - (b) By Local Authority ... .. —

B. Proceedings under Public Health Acts.

- |   |     |
|---|-----|
| (1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied ... .. | 31  |
| (2) Number of dwelling houses in which defects were remedied after service of formal notices :—               |     |
| (a) By owners ... ..  | 20  |
| (b) By Local Authority in default of owners ... ..  | Nil |

C. Proceedings under Sections 11 and 13 of the Housing Act, 1936.

- |   |     |
|---|-----|
| (1) Number of representations, etc. made in respect of dwelling houses unfit for habitation | 3   |
| (2) Number of dwelling houses in respect of which Demolition Orders were made ...           | Nil |
| (3) Number of dwelling houses demolished in pursuance of Demolition Orders ... ..           | 3   |

D. Proceedings under Section 12 of the Housing Act 1936.

- |   |     |
|---|-----|
| (1) Number of separate tenements or underground rooms, in respect of which Closing Orders were made ... ..  | Nil |
| (2) Number of separate tenements or underground rooms, the Closing Orders in respect of which were determined, the tenement or room having been rendered fit ... .. | Nil |

4. Housing Act, 1936—Part IV—Overcrowding.

- |   |     |
|---|-----|
| (a) (1) Number of dwellings overcrowded at the end of the year ... ..   | 58  |
| (2) Number of families dwelling therein ...                             | 126 |
| (3) Number of persons dwelling therein ...                              | 430 |
| (b) Number of new cases of overcrowding reported during the year ... .. | 15  |
| (c) (1) Number of cases of overcrowding relieved during the year ... .. | 38  |
| (2) Number of persons concerned in such cases                           | 120 |



## **New Houses.**

(5) Number of new houses provided during the year :—

By the Local Authority—Permanent type	...	...	58
Temporary type	...	...	—
By Private Enterprise	...	...	4

## **Housing Act, 1949.**

Any action in connection with Section 20, “Grants to persons other than local authorities for improvement of housing accommodation”

One application under consideration which will provide 4 additional family flats.

## **Factories Act.**

There are on the register :—

Factories with mechanical power	...	...	13
Factories without mechanical power	...	...	9

30 inspections of factories were made during the year.

## **SANITARY INSPECTION OF THE AREA.**

### **Infectious Disease.**

Inspections and disinfections	...	...	165
T.B. domiciliary visits	...	...	10

### **Sanitary matters.**

Nuisance visits	...	...	359
Nuisance re-visits	...	...	493
Piggery inspections	...	...	7

### **Scavenging**

Tip inspections	...	...	58
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## Miscellaneous

Factory inspections	...	...	...	...	...	30
Interviews and appointments	...	...	...	...	...	196
Moveable dwellings	...	...	...	...	...	6
Miscellaneous journeys	...	...	...	...	...	212
Verminous premises disinfested	...	...	...	...	...	8
Rodent inspections	...	...	...	...	...	167
School inspections	...	...	...	...	...	7
Colliery spoilbanks	...	...	...	...	...	3
Smoke observations	...	...	...	...	...	3
Animals kept so as to be a nuisance	...	...	...	...	...	5
Overcrowding visits	...	...	...	...	...	134
Public Health Act inspections	...	...	...	...	...	117

## Food Inspections.

Condemned Food Visits	...	...	...	...	...	1
Meat inspections	...	...	...	...	...	126
Butchers Shops	...	...	...	...	...	76
Bakehouses	...	...	...	...	...	32
Other Shops	...	...	...	...	...	53
Ice cream inspections	...	...	...	...	...	8
Milk samples	...	...	...	...	...	47
Ice cream samples	...	...	...	...	...	14
Water samples	...	...	...	...	...	1
Fried fish shops	...	...	...	...	...	40









